	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) (2) (4)	Miami Beach Gateway Community Alliand Name 301 Ocean Drive; #604  Address (number and street) Miami Beach, FL 33139  City, State, Zip Code  Check here if address has changed  Check appropriate box(es):  Candidate Office Sought:  Political Committee (PC) Electioneering Communications Org. (ECO)					
	☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>				
	(5) Report	Identifiers				
		9 / 30 / 2018 Report Type: M9				
X O	riginal Amendment Spo	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
Cash	a & Checks \$ , , 000	Monetary				
Loans \$,,,000		Transfers to Office Account \$ , , , 0 . 00				
Total Monetary \$		Total Monetary \$ , , _20 . 00				
III-IXI	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions \$ , , 000				
(9)	TOTAL Monetary Contributions To Date \$ , , _20000_	(10) TOTAL Monetary Expenditures To Date \$ , ,10000				
<u>(T)</u>		tification on to falsify a public record (ss. 839.13, F.S.) rect, and complete:  (Type name)  Candidate Chairperson (only for PC and PTY)				
X		X				
Sig	gnature	Signature				

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Miami Beach Gatewa	y Com	munity All	iance PC,	2) <sub>ի</sub> J.D. Numbe	:r°3	34
(3) Cover Perio	9/1/2018 od / /	thro	ough	/30/2018 //	(4) Pag	e <u>1</u>	of _0
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
<i>f</i> 1							
<i>f</i> 1							
1 1							
1 1							
1 1							
J I							
1 1							
1 1							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Miami	Beach	Gateway	Community	y Alliance	PC,	Inc · (2) I.D. Numbe	r	34	<u> </u>	300
		9/1/20	18	9	9/30/2018			12			
(3) Cover Pe	eriod	1	1	through	1 1		(4) Page 1		of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9/17/2018	City National Bank, 446 Collins Ave.	monthly service fee.	МО		\$20.00
1	Miami Beach, FL 33139				
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